2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # P99000088317 Apr 22, 2000 8:00 am Secretary of State COURTESY MOBILE HOMES, INC. 04-22-2000 90073 003 ***150.00 Principal Place of Business Mailing Address 8564 STO NORMANDY BLVD. 3564 5476 NORMANDY BLVD. JACKSONVILLE FL 32205 JACKSONVILLE FL - 32295-02 32221 32221 Principal Place of Business 8564 Normandu Normano Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT-WRITE IN THIS SPACE 4. FEI Number Applied For City & State acksonville Florida Not Applicable Zip 32221 \$8,75 Additional 5. Certificate of Status Desired 2021 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SOWDERS, CURTIS J SR. Box Number is Not Acce 5476 NORMANDY BLVD. ormandu JACKSONVILLE FL 32205 zip Goda 2 1 FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATUR DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. President Addition CR2E034 (9/99 President TITLE Delete Curtis J. Sowders, Sr. NAME 1350 Jones Rd. Jone STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Jax, Fl 32221 82220 President **✓** Addition Vice ☐ Change · P. Jagodnik TITLE TITLE Elsie P. Jagodnik NAME NAME 2932 Oak Creek Lane STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 39221 CITY-ST-7IP Jax ☐ Addition TITLE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-218 ☐ Addition ☐ Delete TITLE · 🔲 Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with a direct sample of the corporation of the receiver of trustee empowered. changed, or on an attachment with an address, with